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**UNITED STATES PATENT AND TRADEMARK OFFICE**

**Examiner:** M. D. Blissett

**Art Unit:** 1711

**In re:**


**Applicant:** COOPER

**Serial No.:** 10/822,879

**Filed:** 04/13/2004

**AMENDMENT**

I hereby certify that this correspondence is  
being deposited with the United States  
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01/11/2006  
ILVA PROROVSKY  


Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the last Office Action, please amend the application  
as follows:

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

0822879

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS	10	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	10 minus 20 =	0
INDEPENDENT CLAIMS	9 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	385

RATE	FEE
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	8	20	0
Independent	2	3	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR OTHER THAN  
SMALL ENTITY

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	0

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

ADDIT. FEE

OR  
ADDIT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	3	20	0
Independent	3	3	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

ADDIT. FEE

OR  
ADDIT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

ADDIT. FEE

OR  
ADDIT. FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.